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CONTRIBUTIONS TO PRACTICAL SURGERY.

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STRICTURE of the urethra at nearly every period of the history of medicine has been regarded with profound interest by the profession. Mr. John Hunter, however, was the first to appreciate its character with approximative just views of the nature and treatment of the disease, and although some of his methods were harsh, and occasionally virtually unsuccessful, he seems to have given an impulse to investigations which, in more modern times, have rendered it quite easy of treatment as well as fortunate in results.

For many years the writer has paid particular attention to the disease, during which time numerous cases were treated by him, all of which were carefully studied and subjected to the most rigid and careful scrutiny. In a very large majority of the cases treated, the strictures were very close, and many of them penetrated with much difficulty, even with the instruments best adapted to such conditions; and out of more than two hundred examples he has met with only four which could not be penetrated; and as these cases required a peculiar mode of treatment, which he presumes to denominate the rapheo-perineo-urethral section, this paper is designed to report them to the profession.

CASE I.—M. Y., the subject of this case, was a farmer, æt. about 30, who had enjoyed excellent health down to the time he became strictured, when it seemed somewhat impaired, but not enough so to confine him to his room or even to unfit him for his ordinary avocations. The stricture had existed upwards of two years before the writer was consulted, but only in a slight degree until three months before the writer treated the case, at which time it began to close the urethral passage with considerable rapidity, seeming to render micturition more and more difficult daily; and when the suffering man arrived in my neighborhood he could only urinate by drops. A critical examination of the urethral passage disclosed the existence of an exceedingly close stricture in near proximity with the membranous portion of the canal. Many and varied trials with bougies, catheters and probes failed to penetrate the stricture; and the difficulty in discharging the urine threatening retention, it was determined to cut down upon the stricture, through the perinæum, along the rapheal line, which was done in the following manner on the 11th of August, 1836.

The patient was placed on his back, resting upon a common dining table covered with folded blankets, as in lithotomy. The feet and legs were held and supported by an assistant standing on each side. A female sound, well oiled, was first entered at the meatus and carefully passed down to the stricture, with the hollow of the curve to the symphysis, where, after gentle probing movements, to determine that it could be carried no farther, the hollow curve was turned from the symphysis, so as to render its entered extremity prominent in the perinæum, and so held by an assistant. An incision was now made through the perinæum along the rapheal line down upon the extremity of the sound, which allowed the end of that instrument to appear through the wound. A grooved director of small size was next entered and passed on to the extremity of the sound in the urethra, the latter instrument being simultaneously partially withdrawn, to make room for the director, which was made to follow it about an inch. With the groove of the director to the rapheal line, and a sharp-pointed narrow bistoury directed by it, the urethra and perineal strictures were laid open fully an inch, which, after the blood was cleared away, brought into view an exceedingly minute opening, rendered more clearly distinguishable by the passage of a few drops of urine, situated on one side of the urethra, and fully three

lines above the bottom of the cul-de-sac. This orifice was now dilated with the point of the bistoury so as to allow the director to be introduced, which entered readily, and was carried quite into the bladder, and upon it, by rotating it, the stricture was divided on four sides. Removing the sound and director, and sponging away the blood, a No. 12 gum-catheter, well oiled, was introduced from the meatus through the divided stricture quite into the bladder, which, after closing the perineal wound with sutures of leaden wire deeply inserted, completed the operation, with the exception of adjusting and confining the catheter in the urethra and bladder, washing out the vesical cavity with cold water to cleanse it of blood, and adapting a stopper to the catheter to prevent accidental discharges of urine. The patient was confined in bed until the perineal wound healed, cold-water dressings were employed to the wound by the use of compresses, the bowels not allowed to be disturbed for four days, and a diet of liquids was enjoined. The wound healed in a great degree by the first intention, but the ligatures were suffered to remain until a fresh tube was introduced, on the twelfth day. In three weeks the patient had recovered entirely, and without a single untoward occurrence, and is yet alive, a hearty old gentleman of over 65 years of age.

Case II.—M. D., æt. about 28, of rather delicate constitution, of slender person, free habits, and a tailor by profession. Early after puberty he contracted a terrible gonorrhœa, and either from bad management or imprudence his cure was tedious. Soon after recovering from his attack of gonorrhœa he married, and for a year or more his habits were less dissipated, and his health somewhat improved; yet he was an infirm man, and often complained of his urinary organs, especially in regard to unpleasant sensations in urinating, with increased desire to evacuate the bladder, and a perceptible diminution of the volume as well as force of the stream. At length the case assumed more threatening characters, urination becoming difficult in a marked degree, and the stream so much disordered as to appear mere dropping most usually, attended with painful straining very often. In this condition the gentleman visited the writer from a considerable distance, and the night after his arrival he was threatened with retention from fatigue, which, however, was relieved spontaneously after much suffering. After a day's rest, an attempt was made to pass the obstruction of the urethra, which was seated very deeply in the canal; and for the purpose very small catheters—both metallic and gum-elastic—bougies and probes were employed. The exploration was attended with much difficulty, and protracted trials, variously modified, resulted in complete failure. Regarding the case impenetrable permanent stricture, and believing from the trials already made, that the perineo-urethral section was the only safe expedient offering a chance for relief, and the patient having consented, the operation was performed on the 13th of April, 1840, and very nearly after the manner of that adopted in Case I. From the great depth to which the female sound was carried, it was to have been supposed that the obstruction was in near proximity with the prostate gland; accordingly, when the urethra was laid open, the membranous portion immediately at the prostate was found to be the seat of the stricture, and the bistoury, at the same time that it entered the urethral canal, also penetrated the contraction, as announced by the escape of urine in considerable quantity. A careful examination, after enlarging the wound in the direction of the glans and dilating it, disclosed the fact that the stricture was at the prostatic extremity of the membranous portion of the urethra, and that it as well as the corresponding extremity of the prostate had been incised. After enlarging the opening in the stricture with the bistoury, the female sound, previously removed from the urethra, was passed into the bladder through the newly formed opening, which, being large enough, a No. 12 gum catheter was introduced from the meatus through the divided stricture fairly into the bladder without the slightest difficulty, where it was confined as in Case I. The perineal wound was sponged out and closed with leaden sutures deeply inserted, as in Case I., and the sequel of the treatment, in all respects, was that adopted in that case. This patient recovered perfectly in three weeks, and is yet alive and a healthy old man.

Case III.—Mr. E. R , æt. 32, of delicate constitution, slender person, dissipated habits, had led an extremely irregular life, and until strictured had indulged freely with women. The examination of the case with bougies, small catheters, and the stricture sound left no doubt of the existence of an exceedingly close stricture, and, the patient consenting, the perineo-urethral operation was performed for its relief the 15th of September, 1846. This operation

differed little if at all from that in Case I.; and the seat of the obstruction, as well as its character, as respects penetrability, were the same. After laying open the urethra, it was discovered that the sound filled, quite to the bottom, the *cul de sac*; and after enlarging the incision and dilating and cleansing the wound of blood, to search for the orifice of the stricture, the sound, of course, having been previously withdrawn, the little opening was at last brought into view by requesting the patient to discharge a few drops of urine, and it was situated on one side of the canal, fully four or five lines from the bottom of the *cul de sac*, as in Case I., but considerably farther from it. The stricture was divided freely with the bistoury, as in Case I., and a No. 12 gum tube passed from the meatus through it into the bladder, and managed in all respects afterwards as in that case. The recovery was rapid, the wound readily healing without undue inflammation or any kind of impediment, and in three weeks the gentleman returned home entirely relieved of his never to be forgotten urinary trouble, and it never returned upon him during the twelve years he survived the operation.

Case IV.—Mr. I. P. D., æt. about 29, after suffering for several years from disorders of the digestive system, and occasionally from chills and fever, became strictured. The immediate or even the suspected cause of the stricture could not be satisfactorily ascertained, as in Case I. Before consulting the writer, the stricture had existed two or three years, during which time the young man had suffered from retention of urine, some of the attacks greatly endangering his life. When the case came into the hands of the writer, the general health of the young man was much impaired, and the stricture exceedingly close. Repeated attempts were made to penetrate it, say three distinct sittings, without succeeding, and the rapheo-perineal section was determined on, and was performed as in the three other cases, the 10th of March, 1872.

In this case, after laying open the urethra, it was found that the region of the bulb was the seat of the contraction; and after a prolonged search the orifice of the stricture could not be detected, yet the perviousness and continuity of the canal were restored by a random thrust of the bistoury posteriorly, from the bottom of the *cul de sac* downwards, which, fortunately, penetrated the urethra below. The patient could never force out even a drop of urine, although repeated and prolonged efforts were made by him, and the want of this sign greatly embarrassed the operation. The sequel of the treatment in all respects was conducted as in the other cases, and the recovery, although less rapid than its predecessors, was quite satisfactory.

Remarks.—Penetrable stricture of the urethra, formerly so difficult of successful treatment, in the hands of the writer has been found quite manageable in a vast number of instances. Indeed, he will say, without egotism or boasting, that his first case of failure is yet to occur. Even in examples of the impervious description he has been invariably successful. An account of his method of treating penetrable stricture was published in pamphlet form many years since, with diagrams of the instruments employed by him; and the mode of operating described in that monograph, as well as the instruments, are the same he now employs. It is true he has improved the instruments greatly, but they are virtually the same in principle as well as in form. As now practised by the writer, the operation for pervious stricture is the neatest and most beautiful operation in surgery, with the single exception of couching in cases of solid cataract; and it is comparatively painless and bloodless, as well as entirely free from danger to life.

Impervious stricture demands an operation differing essentially in manner of execution, yet it is a cutting operation like that for the cure of penetrable stricture, and the interesting cases reported in this paper furnish excellent examples, both of the operation and the difficulties which environ it. The situation occupied by the orifices of the stricture in two of the cases—I. and III.—constituted the chief difficulty in the exploration, as they would not very likely be found by any exploring instrument, unless by mere accident, and, consequently, no operation by incision could be safely performed without penetrating the stricture first with some kind of directing instrument as a guide. In Cases II and IV. the orifices of the stricture were never discovered, as the contraction in No. 2 was relieved by the initial incision into the urethra upon and below the extremity of the female sound; while in No. 4 it eluded every means of search, thereby justifying the random incision which was adopted and succeeded perfectly. These strictures were not, in strict propriety of language, impervious, as they transmitted urine, but they were surgically so, and are confessedly the most difficult and perplexing examples of the disease a surgeon has to treat.

The greatest perplexity grows out of the doubt whether the case requires the perineo-urethral section, a more formidable operation than the intra-urethral, and this doubt is by no means readily removed. It is true the perineo-urethral section is not a dangerous or difficult operation in skilful hands, but patients, as far as the writer has enjoyed opportunities to know, are averse to it and have a great horror of it. Now and then, too, recoveries from it are tedious and difficult, as well as unsatisfactory. From the history of the operation, the precise character of the stricture in Case II. could not be and was not determined. Its near proximity to the extremity of the prostate gland connected with the membranous portion of the urethra, and its imperviousness are all that could be ascertained with certainty; and even the involvement of the prostate was not clearly established.

The perineo-urethral section is a most valuable surgical resource, and is worthy of the mind which conceived, and the skilful hand that first executed it. When the writer first performed the operation in 1836, his authority for so doing was Mr. John Hunter, and he has ever since then regarded him as an early advocate, if not the author of it. Why he was induced to regard Mr. Hunter as its author he is at a loss now to determine. Possibly he derived the belief from Mr. Hunter's works, or from some notice of them in his journal reading. If Mr. Hunter is not the author of the operation, my earliest one in 1836, probably, is the first one ever performed since Mr. Hunter's time; and, though it was not published, the patient is yet living, as well as several highly respectable medical gentlemen who were present and assisted in the operation, who will testify in my behalf. My operation in 1836 must have preceded that of Mr. Sims several years. I now, as formerly, denominate it the Hunterian, or the rapheo-perineo-urethral section.

December 23, 1871.

CASE OF OCCLUSION OF THE ARTERIES ARISING FROM THE ARCH OF THE AORTA, WITH AORTIC DEGENERATION AND ANEURISMS.

By Charles W. Parsons, M.D., one of the Visiting Physicians to the Rhode Island Hospital.

A. B., aged 39, single, entered the Rhode Island Hospital, in the service of Dr. G. L. Collins, October 10, 1871. He had been in charge of an engine in a large manufacturing establishment. In the late war, he had been struck on the left, upper and front part of the chest by a piece of timber carried by a solid shot. He was confined in military hospital for some time after, and never re-entered the service, but gradually regained his health. He had been a man of somewhat irregular habits, and it is very probable he had had syphilis, but this is not certain.

His present illness began gradually, about three years before his entrance. The hospital record states:—"There is no pulsation in the upper extremities or in the carotids. An examination of the heart revealed both aortic and mitral obstruction, with hypertrophy of the heart. He is subject to fainting fits at times. The least pressure on the carotids brings on one of these attacks. At times, very slight pulsation may be felt in the radial artery, but very seldom. Pulsation in the groin and lower extremities is stronger than normal."

At a consultation, Oct. 13, Drs. Collins, Ely and Keene examined the patient, eliciting no new facts of importance. There was found to be a systolic murmur at the base of the heart. The opinion was held that there existed atheromatous change in the arteries, with probably an aneurism not revealing itself by clear auscultatory signs.

It was ascertained that Dr. Austin Flint, of New York, had once examined him, and Dr. Collins wrote to Dr. Flint and received answer as follows. Dr. F. had seen him April 2, 1870. He writes: "The case of B. interested me very much, and I have regretted that I had only the opportunity for a single rather brief examination. I noted the following physical signs: a loud, high-pitched systolic murmur, with its maximum just above the heart on the left of the sternum, heard, however, over the præcordia, and not transmitted to the carotids. Distinct dulness on percussion over second and third ribs on left side of sternum, no thrill being felt. The signs also showed some enlargement of the heart. I could discover no arterial pulse in either of the upper extremities. The carotid pulse, on both sides, was weak, most so on right side. The pulsation of femoral arteries was strong. Pressure on one of the carotids caused blindness and vertigo, so that he came near falling from the chair.

"I have noted my conclusions (indefinite as you see) in the following language: I infer some anomalous condition of the aorta, the nature of which is indetermina-

ble. There may be a congenital malformation; but if so, something has been superadded, inasmuch as his present condition has existed only a year."

The only marked change recorded on the hospital books, before the beginning of the present year, is pain in the left shoulder, extending down the left arm. He is also noted to have expressed himself as feeling stronger. He was treated with tonics, good food, iron, quinine and digitalis.

Through the three months beginning January 1, 1872, he was under my observation. I found him able to walk about the ward, eating fairly in proportion to the amount of exercise he took, and perfectly clear in mind. He had occasional fainting attacks, and reclined a good deal in an easy-chair. He was also subject to headaches and dimness of vision. Ophthalmoscopic examination, made by Dr. H. G. Miller, showed anæmia of the textures at the base of the eye. I very rarely could feel a very faint pulsation either in radial, temporal or carotid arteries. There was no œdema.

Gradually, in the three months, he grew weaker, more haggard and pale; spoke of difficulty in breathing and of some obstruction to swallowing; lost appetite; pain in the left arm and shoulder increased; sleep became more impaired. Pain also existed in the left thorax, mostly behind. His principal complaints were of want of sleep, difficulty in breathing and pain in the arm. Motion of the arm was painful.

Apex-beat of heart was felt, increased in intensity, and lower and more to the left than normally. Both mitral and aortic murmurs were heard in first sound of heart. Percussion showed enlarged area of dulness over the heart, this dulness extending to right of sternum at level of 2d, 3d and 4th costal cartilages. No aneurismal thrill or whiff was perceived anywhere. Physical examination was difficult, especially on the back, on account of his impaired use of the left arm, he usually wearing warm underclothing and a dressing-gown.

Through the month of March he failed more decidedly, losing appetite and sleeping less. His mind was remarkably clear; he was an intelligent man, foresaw the inevitable result of his disease, and spoke of it freely, requesting that an autopsy be made. One day, about the first of March, he walked up street. In the last week of March, he had a bad cough, with somewhat profuse sputa, adhesive, and at times slightly rusty-colored, with dull percussion on the right back of the thorax. He had attacks of severe dyspnœa, with loud sounds of liquid in the larger bronchial tubes, also some diarrhœa. One such attack on Tuesday, the 26th, threatened to be fatal. On Friday, he was able to talk a good deal, and with clear intellect. The distress in breathing was somewhat relieved by carbonate of ammonia and chloroform, steadily administered, together with whiskey, and by sinapisms. Saturday morning, March 30th, I found him insensible, with tracheal râles and cold sweat, swallowing with difficulty. He died about 1, P.M., that day.

Autopsy, at 10, A.M., March 31; reported by Dr. A. E. Ham, pathologist of the hospital.

Body emaciated. Rigor mortis.

Right lung.—Firm adhesions posteriorly; congestion and at the apex commencing œdema.

Left lung.—Slight adhesions posteriorly; an ounce and a half of serum in the pleural cavity.

Heart six inches in length, the apex under the seventh rib; three ounces of serum in the pericardium; walls very thin. There was a firm clot in the right cavities. Mitral valves were thickened; there were bony deposits in the aortic valves.

Aorta two inches in diameter at its base, and dilated all the way down to the diaphragm. There were two aneurismal enlargements—one in the transverse portion of the arch, adhering to the trachea, and as large as a walnut; and another of less than half that size, at about the beginning of the descending portion. These sacs were filled with dark coagula, and looked much like dark-colored bronchial glands.

The innominate and left subclavian were entirely filled with fibrinous plugs, extending in the former vessel half an inch from its base, and in the latter up to the point where it was cut off in removing the parts from the body. The left common carotid was also nearly filled in the same manner, its calibre being only one-twentieth of an inch in diameter.

In the thoracic aorta the mouths of all the vessels were closed, except one intercostal running from the upper part and two others from the lower portion. There were found at many points atheromatous and calcified deposits in the inner coats of the aorta.

The abdominal aorta appeared healthy. Weight of the heart and aorta down to a point just below the cœliac axis, thirty ounces.

Liver slightly enlarged. Right kidney normal, but slightly congested; left kidney somewhat congested and enlarged.

Brain.—Convolutions very well marked; some venous congestion. The basilar and internal carotid arteries were diminished in calibre. There was slight effusion into the right lateral ventricle. Weight of brain, fifty and three-fourths ounces.

The most remarkable point in this case is, that the patient lived so long, and retained a considerable degree of mental activity, when the supply of blood to his brain, as well as upper extremities, was almost cut off. Of the four arteries leading to the brain, three arose from trunks which were impervious and apparently had been so for a long time; the other was almost completely occluded.

A CASE OF PYÆMIA, WITH ANOMALOUS SYMPTOMS, FOLLOWING ABORTION.

By W. P. Giddings, M.D., Allston.

On the morning of April 2, 1872, I was called to see Mrs. M., æt. 32, multipara. I obtained from her and the attendant the following history. Seven weeks previous to the date of my seeing her, she had lifted a large tub, partly filled with water, and directly after this she began flowing. This had continued a greater part of the time up to April 1st, when she was delivered of a four months' fœtus by Dr. ——, of Boston. The placenta immediately followed, the uterus contracted, and the hæmorrhage ceased. The attending physician ordered cloths, wrung out in cold water, to be applied to the abdomen, and to be repeated at short intervals for twenty-four hours. I directed that the cloths should be at once discontinued, as there was no flowing, and as she was suffering from rigors, which the nurse stated began directly after the cold applications were used. There had been some nausea and vomiting; the pulse was 144, and temperature 107½°. The tongue was a livid red in the centre, the edges covered with a brownish dry fur, and there was great thirst. There was partial suppression of the lochia and retention of urine. The intellect remained tolerably clear. There was considerable tympanites, but no marked tenderness of abdomen at any point, and she complained only of an indescribably bad feeling in the head, and of the alternate recurrence of rigors and fever. I ordered hydrarg. submur., gr. vi.; ext. opii, gr. iv. M. Ft. pil. No. iij. One pill to be given immediately, and repeated p. r. n. Patient to be nourished with gruel and beef-tea. Several hours later, she reported herself better. Pulse 128; temp. 104°.

℞. Pulv. Doveri, gr. x.;
Hydrarg. submur., gr. v.

To be followed in four hours with ʒi. of the following mixture:—

℞. Ol. terebinth., ʒiij.;
Syr. tolutan., ʒi.

April 3d.—Reports having slept pretty well the night previous. Pulse 120; temp. 103°. Bowels have moved pretty freely; four copious dark dejections, very offensive. Repeat Dover's powder and omit calomel. Continue the mist. terebinth. every four hours.

April 4th, A.M.—Much the same as at previous visit. Bowels have moved three times since last visit; character of stools the same. At time of my evening visit, I found her in an alarming condition. The pulse had risen to 136, and temperature to 105½°. There was jactitation, loss of hearing and impairment of vision. Tongue livid, red and dry. Perhaps I should state that the change seemed due to seeing friends, whom she had not met before for months, and whose sudden appearance gave her "a great shock."

I requested that I might enjoy the counsel of my friend Dr. Braman, as I feared an unfavorable issue. We considered opium together with some nourishing stimulant the *sine qua non*, and accordingly gave her ext. opii gr. 1½ in pill repeated p. r. n., and wine whey to answer the double purpose of nourishment and for quenching thirst. Beef-tea was given at the same time without stint.

April 5th, A.M.—The change for the better is most marked. Hearing and vision returned. Pulse 120. Temperature 103°. Less thirst. From the last date until April 29th, there were repeated daily rigors, followed by a profuse perspiration, with a dull, jaundiced look to the skin. There was a daily variation of pulse and temperature, the former ranging from 92 to 128, the latter from 99½° to 104½°. From two to five dejections daily; at times light ochre color, at others darkish green, but all highly offensive. On April 12th, I found tenderness and gurgling in the ileo-cœcal region, which continued up to April 29th, when convalescence was plainly marked. There were no rose spots to be seen at any time on any part of the body; no epistaxis, and no hæmorrhagic extravasation, so common in pyæmia. Early in her sickness, she complained of pain and tenderness just

above left knee. An examination showed considerable enlargement without discoloration or fluctuation. The limb was bathed freely in linimentum camph. comp., which, seemingly, afforded great relief. Immediately upon improvement of the leg, pain and tenderness began to be felt in both arms at the point of insertion of the deltoid muscle, but no swelling or discoloration could be detected. Gradually, the trouble extended down the arms to the elbows, and the muscles began to contract—the biceps more especially—until the right hand was drawn up and rested upon the shoulder; the left, also, was drawn up and rested at right angles with the shoulder. The liniment was applied freely, and the arms rubbed often, as briskly as their tender condition would allow. Efforts at extension were also made. By this mode of treatment the pain and soreness gradually disappeared, and full extension of the left, and nearly that of the right is now easily accomplished.

It seems to me that in this case we have some anomalous symptoms which, so far as my observation and reading extend, have never been brought to the notice of the profession. During the whole of this sickness the intellect remained quite clear, excepting one night, when there was mirthful delirium. The treatment of the case consisted chiefly in nourishment. Dover's powder ten grains were given each night, to secure rest, and check a tendency to diarrhœa. She got tinct. ferri mur. xlv. gtts. and quiniæ sulph. gr. iv. in divided doses each day. During her entire sickness, she drank daily one pint of wine whey, and frequently a pint of clear milk beside; also large quantities of beef-tea and gruel. It would seem that the nourishment which she took daily would have been sufficient to keep a strong, healthy man, yet there never was any evidence of the stomach refusing to receive and digest the whole. The early part of the treatment of this case was after a plan pursued by Dr. Braman in similar cases. He considers the combination of opium and calomel indispensable, and that they should be used freely until active purgation is established; after which he gives Dover's powder, ol. terebinth. mist. The efficacy of this plan of treatment I have more than once observed, and can bear witness to its utility in controlling or preventing any untoward events after tedious labor. The excellent results obtained in the case here reported and in two others, somewhat similar, would lead me to adopt it as the most efficient and ready method of combatting inflammatory troubles and favoring the elimination of poisonous *débris* from the system.

May 25, 1872.

Reports of Medical Societies.

BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.
F. B. GREENOUGH, M.D., SECRETARY.

APRIL 22d.—*Ovarian Disease cured by inserting a Tube into the Cyst through the Walls of the Rectum and injecting various Astringents.*—Dr. J. HOMANS reported the case.

Mary R., 21 years old, presented the following physical appearances on Oct. 26th, 1871. She was about 5 feet 1½ inch in height, rather slender, and considerably emaciated. The girth at the umbilical level was 30½ inches. The pelvic and lower abdominal regions were occupied by a tumor, quite pyramidal in shape, with its apex in the umbilical region. There were three masses, varying in size from that of a small pear to that of a lemon, which could be moved about somewhat between the abdominal parietes and the tumor, or else were movable in the parietes of the tumor. The main tumor was but slightly movable; apparently the adhesions were numerous and very strong. The abdominal parietes were normal in thickness. Lineæ albicantes were present over the lower abdominal regions on both sides. No dilatation of superficial veins. No distinct evidence of fluctuation in tumor. No impulse. No crepitus. No tenderness. Solid on percussion. The bowels were habitually constipated. The uterus could not be felt. The cavity of the vagina was nearly occluded by a mass filling the cavity of the pelvis. The cavity of the rectum was somewhat narrowed. Catamenia present July 12; next in middle of September, and then about the 5th of October, and again on the 14th of October. Has great difficulty in voiding urine, requiring the frequent use of the catheter, and only gets along without this instrument by pushing with the hands over the pubic region in a downward direction. As will be seen hereafter, the bladder was carried up and flattened out over the right side of the cyst, and experience had taught the patient that pushing in this way would empty it. Appetite moderate. Pain at times in abdomen for a year, and continuously in back for the past five

months. Breathing natural. Rests best on right side. Pulse 88, of medium strength and volume. About three years since, first noticed a tumor beneath the navel; was not much incommoded by it until July, when the abdominal region became sore and tender, so much so that the pressure of the bedclothes could not be borne. Probably this was an attack of peritonitis. The tumor has spread out laterally since July. Dr. H. told the patient that he did not feel certain as to whether the tumor contained fluid or was solid, but he was inclined to think, from its extreme hardness, almost complete absence of fluctuation, and from its having taken the uterus up out of reach, that it was a fibrous tumor of the womb, and that he should not decide without further investigation. She expressed a desire to consult Dr. Wheeler, of Chelsea, and she was advised to do so. Dr. Wheeler reported that he obtained distinct evidence of fluctuation in the tumor, and an impulse when one finger was pressed against the growth in the rectum and the umbilical region tapped with the other hand. On the 25th of October, she was admitted to the Carney Hospital and etherized. Drs. Wheeler, Minot, C. D. Homans, Langmaid, J. O. Green, and several other physicians were present. The majority thought the tumor a solid one. The most prominent and elastic spot in the tumor was selected and punctured through the rectum towards the hollow of the sacrum on the right side, at a point about an inch and a half from the anus, using one of the long canulæ of Meyer and Meltzer's aspirator. An opaque odorless fluid, of "café au lait" color, ran out freely. It was the ordinary fluid of an ovarian cyst. About fifty ounces of this fluid ran freely out, and the pneumatic aspirator sucked out about fifteen ounces more of yellow curdy material, containing hair and epithelium. The canula was then removed. When the sac was emptied, a sound was introduced into the uterus, which was found movable and normal. The solid masses still remained, and were more or less pediculated. The patient slept well after the operation, and the next day was found to measure three inches less in circumference at the umbilicus than before the tapping. She went on very nicely until the 20th, when she had a chill; three days later, the abdomen was tender, tympanitic and swollen; she had occasional nausea. A few days later, she was moaning almost constantly, had much tenderness, and could not pass urine. A metallic catheter would not enter the bladder, as that organ was tipped up at a right angle with the urethra. A large elastic catheter entered, and its tip could be felt in the right lumbar region, but no urine came away. Pulse 125, weak, rather small; vomits morphia and opium. The next day, November 5th, with the assistance of Drs. Greenough and Fitz, the patient was etherized and again tapped in the same way as before. About fifty ounces of very offensive pus came away, and then the same yellow material of hair and epithelium. A large elastic catheter was introduced into the cyst, water injected and the catheter tied in. Pulse stronger after the operation. The chills, pain, fever, &c., were due to the suppuration in the sac. There was no peritonitis, as was feared. Slept all night without any opiate.

Nov. 6th.—Catheter syringed out, pus offensive and thin; much yellow curdy material sucked through catheter by a tight-fitting syringe, perhaps several handfuls.

Nov. 7th.—Urine drawn off by catheter with great relief. Cyst syringed out with water; more yellow material removed. To take eggs, milk punch, &c. Up to Nov. 15th, each day's record is the same. The urine was drawn in the morning, the cyst syringed out, and more or less of the solid material before mentioned removed. Mr. Phelps, a student who kindly volunteered, did the same thing each evening. The catheter was removed from the cyst, an enema given, which operated well, and another catheter introduced. On November 17th, passed urine naturally. On the 19th, another enema was given, after the catheter had been removed from the cyst. On the 20th, the opening from the rectum into the cyst was found to have closed too much to admit a catheter, and Dr. H. waited to see if the cyst would fill again. On December 4th, general pain and chilliness came on, and on December 7th, the cyst was tapped as before, using, however, a trocar four inches in diameter; and one pint and a half of very offensive pus was removed. The opening was enlarged with the bistoury and a catheter introduced. On December 9th, the discharge was free. Appetite and general health excellent. Injected about four ounces of pure alcohol into the cyst, most of which returned at once, but about one-half ounce was retained. The foot of the bed was elevated so that the hips were higher than the head, to enable the alcohol to run to the top of the cyst. December 11th, ℥ij. of alcohol injected and retained. Dec. 11th, tube came out during a move-

ment of the bowels. On December 26th, the cyst was again tapped, as pain in the back, &c., showed that suppuration was going on in the sac. About one pint and a half of very offensive pus was removed, the opening enlarged somewhat with the knife, upwards and downwards, and a piece of stomach tube, one inch and three-eighths in circumference, was passed into the cyst and tied in. Mary had gained much flesh and strength since she entered the hospital. The sac was washed out and some alcohol injected. On Dec. 27th, about three ounces of pure tinct. iodine was injected and corked in, with orders to remove the cork in three hours.

Dec. 29th.—Reports some pain after iodine injection day before yesterday. About three ounces tincture of iodine injected to-day.

Dec. 30th.—Another iodine injection. No pain.

Dec. 31st.—Three ounces tincture of iodine injected. Considerable pain and smarting. Appetite good. Discharge from tube inoffensive and thin.

Jan. 3d, 1872.—Discharge thin and smelling of iodine. Catamenia present.

Jan. 6th.—Four ounces tinct. iodine injected and corked in. Tube drawn out a little so as to leave less of it in the cyst. Discharge has been offensive for two days past.

Jan 8th.—Four ounces tinct. iodine injected, but most of it ran out before the cork was put in.

9th.—Injected iodine and water and about Oss. of sol. ferri sulph. gr. xx.—℥j. of water.

10th.—Iodine injection.

12th.—Much less discharge. Injected a pint of solution of ferri sulph. grs. xl. —℥j. Considerable smarting.

16th.—Discharge offensive, not very abundant, of an inky color from the iron; tube removed.

Feb. 9th.—As the patient complained of some back-ache, I etherized her and found a sound could be easily introduced into the cyst through the opening in the rectum where the tube had been. Drew off about a quart of very offensive pus. This pus had not run off through the rectum, because the sphincter closed the opening, acting as a sort of valve. Enlarged the opening upwards into the rectum, and downwards partially through the sphincter, and by exploring with the finger found that the sac ran up between the sacrum and rectum, adhering to the former and probably to the latter, behind the uterus. The walls seemed to be about one-fourth of an inch thick, somewhat rough, but firm and tough. An attempt was made to grasp the upper extremity of the cyst with long forceps and drag it down, but no good grip could be obtained; and even if the attempt had succeeded, the firmness of the walls and the adhesions would have prevented accomplishing anything. As the hæmorrhage was rather free, I injected a mixture of equal parts of carbolic acid and water, and when this had run out a solution of ferri sulph. A piece of œsophagus tubing was tied in as before. On February 15th, the tube was finally removed. On Feb. 26th, passed a large catheter easily into the cyst without etherizing, and about three ounces of pus and some gas came out. Patient thinks that there is occasionally a slight discharge from cyst into rectum. On Feb. 29th, Mary came in to see me on her way to Worcester. She was plump and strong. The abdomen was natural in appearance; no hard masses could be seen or felt. Her circumference at the umbilical level is twenty-six inches. She promises to return at once if any symptoms admonish her that the sac is filling.

April 15th.—Mary is stout and strong; has been working as a servant since last seen, and regards herself as perfectly well. She has a good color, and weighs about 150 pounds. A catheter can be passed into the sac; there is no pus, but gas comes out. Probably this gas is generated because of the connection between the cyst and the bowels. I think the cure may be considered permanent.

Dr. Ellis spoke of a case somewhat similar which had occurred several years ago. The patient was tapped and a permanent opening was made. The discharge from this opening gradually became less and less, and finally ceased entirely. Some years afterwards, the patient having died of some other disease, an autopsy was obtained and hardly any vestiges of the old cyst were found, the cavity having contracted and the walls being adherent.

Dr. Jackson spoke of a case of Dr. Walker's, in which a trocar was introduced into the cavity of the cyst, which opened out when inside and was thus kept permanently in place. In this case he supposed that the irritation caused by the presence of the instrument had occasioned the contraction and adhesion of the walls of the cyst.

Dr. Fifield said that he considered the pneumatic aspirator a most valuable aid in the diagnosis of ovarian disease. He had seen a case where a patient, some months

after confinement, noticed a tumor in the right hypogastric region. At the same time, she began to lose flesh, and her skin became yellow. At that time she was under medical treatment in a neighboring city, her disease being considered hepatic. When first seen by Dr. Fifield, in February, she was much emaciated, and her skin was almost a lemon color. There was a tumor in the right hypogastrium, which was felt to dip down between the rectum and the spinal column. Dr. F. considered the disease to be malignant, and gave a bad prognosis. The patient was afterwards seen by a surgeon who pronounced it ovarian, and operated for the purpose of making a permanent opening. The patient died on the third day after the operation.

April 22d.—*Two Cases of Cerebro-Spinal Meningitis.*—Dr. J. N. Borland reported the cases.

W. E. M., aged 17, a resident of 32 Albany Street, Boston, was admitted to the Boston City Hospital, coming under my care on the 13th day of last January. He was delirious, and the history of the case could only be made out from his friends, who stated that he had been an active, energetic boy. About a fortnight before he was taken sick, he commenced work as a a carriage painter, but was during this time employed as the youngest apprentices at such occupations not unfrequently are, in the performance of a variety of odd jobs. On the 6th of January he felt poorly, with chilly sensations lasting all day. On the next day, when stowing away some coal, he became so ill that his employer noticed it, and sent him home in the middle of the forenoon. He went to bed delirious, with intense headache, pain in his neck and upper part of his spine, which became stiff, with head drawn back sharply between the shoulders. During this week he had involuntary dejections and micturition.

When he was admitted to the hospital, his head was fixedly drawn backwards. He was noisily delirious, though he could be compelled to return to a temporary lucidity, but on ceasing to put imperative questions he at once relapsed into loud shouting delirium, calling imaginary names, cursing, complaining of his head, then wailing, whining, simpering. He was constantly opening his eyes to their fullest extent and then closing them tightly. Light was evidently painful, as was sound, for if any one spoke in a loud tone near him, he would instantly beg them to hush. He had dried blood about his nostrils, as if from previous nose-bleed. His lips were dry and cracked. There was much sordes on the teeth. His tongue was dry and glazed at tip; dry and heavily coated on the back part. The skin was not very hot; there was a scattered acne over the upper part of the chest and shoulders. Any movement of the patient on to his side caused loud complaints of pain in the head, neck and back. In the evening, his pulse was 100. Respiration 36. Temperature 101½°.

Jan. 14th.—There was internal strabismus of the right eye. Tongue dry, glazy and brown. Pulse tended to reduplicate. There were about the neck, forearms and wrists faintly marked reddish livid blotches, but no real maculation of the skin noticed, nor was it at any later period. Nothing very marked about pupils. Temperature in A.M., 102°; in P.M., 102½°. Pulse ranged from 104 to 96. He was orded fluid ext. ergotæ, fifteen drops every four hours; sol. brom. potass., twenty grains every four hours, alternately. Evaporating lotion to head and heaters to feet. To be fed with broths, soups, milk, &c.

Jan. 15th.—Delirium of same character, but less noisy. Strabismus, with constant opening and shutting of right eye, continues. No return of nose-bleed. Teeth covered with thick sordes. Tongue very heavily covered with thick, yellow, foul coating and deeply seamed with fissures. Bowels costive. Still involuntary micturition. Pulse 68 to 72, and sufficiently strong. Temperature 99°, in the evening. ℞. Pulv. jalapæ, hydrarg. submur., āā gr. vij., M., at night, and to be thoroughly washed with soap and water, and rubbed with spirits.

Jan. 16th.—Learned to-day that he inherits consumption on the father's side, and that his father is now sick with chronic lung disease. The patient seemed duller and quieter than before, but answered questions rationally. The pupils were somewhat dilated, but responded slowly to light. He said that the headache was lessened. Head still retracted, though the neck, if anything, is less stiff. Bowels freely evacuated after an enema. Sordes flaking off a little from tongue and lips. Pulse varied from 76 to 104. Temperature 102½°.

Jan. 17th. Only difference was that the eyes were less dilated until late in the evening, when the temperature rose to 103½°; noisy delirium, and complaint of headache returned. After a while became quiet, but was wakeful and restless all night.

Jan. 18th. He was more stupid. There was a want of expression of the right side

of the face, suggesting facial paralysis; the right nostril a little dilated, and the right eye more staring, though still winking and with internal strabismus. His tongue rather less coated. Pulse 92. Temperature 102½°.

From this date to the 24th of Jan. his condition slowly improved. Temperature gradually falling to the normal point.

On 24th, he was at the visit sleeping; not roused by loud talking, allowing eyelids to be raised without awaking him. He could be roused enough to answer a question, but instantly fell off into his lethargic condition which lasted until the 29th, during which time his pulse was feeble, about 80 to 90. Temperature a little below the normal point. Sordes disappeared from mouth, tongue becoming bright red. Skin was dry and harsh, involuntary dejections and micturitions continued and bedsores formed. Ergot and bromide treatment was omitted on the 26th, and sulphate of quinine gr. i. given 3 times daily.

Jan. 31st. A record of no marked change except rather more mild delirium, but on Feb. 4th the record was: Patient becomes entirely rational and natural. Pulse 86, good strength. Temperature 99½°. Countenance bright and natural. Skin cool, soft, natural. Tongue clean, no sordes, no strabismus, or facial paralysis. Motions of head free; no cervical tenderness. Appetite good. Able to feed himself. Has regained control of bladder and bowels. Only suffering and complaint is from bedsores. He was put upon the syrup of the hypophosphites of lime, soda, potass. and iron, ʒi. 3 t. d., quinine being omitted.

Since the last date, patient has steadily progressed in his convalescence, and he is able to walk about. Bedsores healed, and mind perfectly clear. He was afterwards discharged, well.

The second case which I have to report is that of a young Englishman, 20 years old, who was a steerage passenger on the Cunard steamer Hecla. He passed inspection as being healthy on the sailing of the steamer. On the 7th of June, the surgeon, on going his rounds, found the patient very much in the same condition that he was in when admitted to the hospital, on the 17th, ten days later. Then the record states:—Patient was in bed. Cheeks slightly flushed. Skin normal as to heat. Patient's head markedly drawn back, and cannot be made to bow forwards. Eyes suffused. Pupils normal in size, but sluggish. Tongue could not be protruded, and on attempting to introduce a spatula, teeth became clenched, but the tongue was seen to be thickly covered with a dry, dirty-yellowish coat. General appearance of skin of body dusky, with slight amount of livid blotching, but no maculæ. Patient could understand questions and what was said about him, but was unable to speak, having lost the power on the 14th inst. Bowels and micturition free, and no involuntary action. Is very restless, tossing about, and muttering. Swallows his broths readily, and seems very thirsty.

On morning of the 18th, patient was seen in the opisthotonic condition by one of the house officers, but this condition was only of short duration. His temperature was 99½°. In the evening, the head was noticed to be a little more movable. He was ordered the same treatment as the preceding patient, viz., alternate doses every four hours of bromide potassa, grs. xx., and fluid extract ergot, gtt. xv. and good nourishment.

On 21st, intelligence seems to be improving. Answers questions so that he can be understood. Skin still greasy. Heavy sordes on teeth. Tongue still covered with that heavy dry yellow fur. Eyes still much suffused. A crop of diffused acne on chest, similar to that recorded in the case of the previous patient. Speaks of headache, sore throat, and complained of hunger, although he was taking five pints of milk and two of broths in twenty-four hours. Bowels were open, but micturition was involuntary. Rigidity of neck continued, with retraction of head. No stiffness of lower part of spine. Pulse 76, and temperature 98°. Gradually gentle delirium began to be established. He seemed in some respects to improve; he had no pain; the neck became less rigid; skin was in better condition, and pulse improved in strength.

On 26th, quinine was substituted for the bromide and ergot.

On the 30th and 31st, he seemed very well, except the persistence of the mild delirium. But on February 1st, his aspect changed; vomiting set in, his eyes became dull, skin dusky and greasy; thick sordes returned; head was again strongly retracted; understanding was dulled; pulse became weak, thready, 124 in the evening, and temperature 105½°. His bowels had been constipated before this, and were moved by enema of soap suds and oil, and after that a constant leakage of fæcal matter.

On the 2d, this condition continued, with a hot dry body, and an eruption looking like that of scarlet fever on the body, with,

in the evening, minute petechiæ. And on February 3d, at 7, A.M., he died.

The autopsy was made by Dr. S. G. Webber, who found the cerebral meninges only moderately congested; puncta vasculosa numerous; white substance abnormally pink; this extended as low as the medulla oblongata. The spinal cord and membranes congested, and much more spinal fluid than usual. Arachnoid at base of brain was a little thickened, and perhaps more opaque than usual. Brain and cord otherwise seemed normal in structure and consistency. The interior of small intestines were quite strongly colored by blood, and contained some blood mixed with their contents. Peyer's patches were prominent, not ulcerated.

Solitary glands of large and small intestines were enlarged. The mesenteric glands, especially those nearer the insertion of the mesentery to the parietes, were very large.

Since making these extracts from the records, I have seen one of the officers of the Bellevue Hospital, in New York, who told me that they had this winter twelve cases in that hospital, the general features corresponding exactly with those of the two patients here recorded. A fever, marked by sharp retraction of head between shoulders, seldom amounting to true epis-thotonos; delirium of varying amount up to wildness, but always able to be recalled to a momentary sanity; no marked hyperæsthesia of skin; no maculation as in typhus, but in all a discrete acne over chest and shoulders, and sometimes on forehead. A temperature but seldom rising above 103°. Pupils sluggishly responding to light, and loss of control of the sphincters.

There had been five autopsies, one of them giving almost the same appearances of the membranes of the cord as noted in the cases I have reported.

In the other four, the appearances were more distinct, and there was a deposit of pus particularly in the lower half of the cord, and there was a reddening of the gray matter of the cord.

The gentleman whom I have quoted said that there were some apprehensions in New York lest the disease should become epidemic this season.

THE next Triennial Astley Cooper Prize of £300 will be awarded to the author of the best essay or treatise on "Injuries and Diseases of the Spinal Cord," which must be sent to Guy's Hospital before January 1st, 1874.—*Dub. Med. Press and Circular.*

Medical and Surgical Journal.

BOSTON: THURSDAY, JUNE 20, 1872.

THE INDISCRIMINATE SALE OF POISONS.

"CORONER'S VERDICT.—In the case of Lizzie Whittemore the jury of Coroner Hastings brought in the following verdict:—

That the said Lizzie Whittemore came to her death at 11, A.M., June 3, 1872, at 27 Kneeland Street, in consequence of excessive use of alcoholic liquors and an overdose of morphine, administered by some person or persons unknown to the jury; and they further find that the custom of selling deadly poisons by apothecaries (as in this instance) to persons unknown to them, and without prescriptions from physicians, is highly culpable."

Again, and for the hundredth time, a coroner's jury has had occasion to deliberate upon a mysteriously sudden death, whose cause it required only brief investigation and moderate acumen to determine. The story is a short and familiar one. A young girl, friendless and alone, in a great city, tired of life because some of its mad schemes have disappointed her, resolves to destroy herself. The means for the fulfilment of her purpose are manifold, but the adjacent apothecary is selected to provide the sure and speedy poison. For cash, the abundant supply of narcotic is readily obtained on demand, and no questions are asked. The way is now clear, the poison is taken, the coroner's jury holds its sessions, and returns a verdict; and the case is forgotten.

But the lesson it teaches should not be forgotten, but should be told again and again, with renewed emphasis. The closing clause of the verdict of Coroner Hastings's jury, in the case above alluded to, reiterates it in terms which are beyond cavil and which will be approved by the judgment of all sensible people, in and out of the profession, druggists included. Such plain and forcible expressions concerning a too common and too dangerous custom deserve the highest commendation and approval.

There are laws whose letter and spirit are sufficiently explicit in their prohibition of the indiscriminate sale of poisonous drugs, and which regulate the barter in such articles by provisions and limitations abundantly calculated as safeguards; but hardly a day passes that the newspapers do not record deaths by suicide or by misad-

venture resulting from the careless or the malicious violation of these restrictive statutes. Yet who has ever heard of a prosecution under these acts against a druggist?

Nor do the apothecaries themselves hesitate to acknowledge their own free interpretation of the law in their practice. In an investigation, undertaken the last year in this State by the Board of Health, to determine the relative increase in the opium-habit, the druggists of this city were canvassed; and out of a large number, only two or three declared that it was their rule never to dispense narcotics except by prescription.

We give it as a hint to coroners' juries and as one method of meeting this growing evil, that when they are called upon to render such a verdict as that which heads this article, it will have a salutary effect if, instead of making the blame of general application, they fix the culpability on the offending druggist in particular. The number of suicides is not so great that a druggist so well-disposed to suicidal purposes would find the calls for poisons greatly increased, because of the exposure; while the effect on his fellow-pharmacists would have a good tendency.

But the apothecaries must not be made to take all the blame in this matter. Physicians are not altogether above reproach, and much of the looseness of poison-dispensing is fairly chargeable to them. It is a frequent habit with many practitioners, especially in their visits to families with whom they enjoy a certain degree of professional intimacy, to speak of drugs and to order them with a heedless freedom which deprives the poisonous articles of their deleterious character in the minds of the consumers. Especially is this the case with the preparations of opium. If a child is in pain, the general direction to "give it five or ten drops of paregoric" is deemed enough without a prescription. If an opiate fomentation is required, the advice is to "get a couple of ounces of laudanum at the druggist's" for the purpose. This heedlessness is easily acquired, but it is none the less blameworthy. It reacts on those who use the drugs, to throw them off their guard; and on those who sell them, to give them a ready excuse for similar heedlessness in dispensing. At best, physicians' prescriptions are, as a rule, sufficiently loose in their construction, and a regular course of practical instruction in this subordinate but important department of the medical art would be an acceptable innovation. But, meantime, for those to whom the medicamenta are familiar therapeutic instruments, in their daily practical duty, the lesson cannot be learned too soon that the written prescription, even kept in duplicate, is not labor lost, no matter how trivial the order; that every such prescription is a voucher for the physician, for the patient and for the druggist, and that it is a pledge of accuracy which may greatly aid to correct the evils of indiscriminate dispensing.

ANIMAL DISEASES TRANSMISSIBLE TO MAN.—We believe that doubters are looked upon by believers as justifiably condemnable, the believers not reflecting that they are as likely to be wrong as the others. It is the fashion to believe with the greater number, and to shut one's eyes to the truth, which only a minority believes. It is somewhat refreshing, therefore, to find that such a body as the American Medical Association dares to be afraid of communicating death to mankind, while endeavoring to protect, or at least that it dares to stop a moment and say, "let us consider."

The following is from the minutes of the third day's proceedings of that Association, at Philadelphia.

"Dr. Alex. W. Stein, of N. Y., offered the following, which was adopted:—

"WHEREAS, it has long since been recognized that diseases of a dangerous and fatal nature are transmissible from animals to man, and that certain zymotic affections which are common to both man and animals do very frequently manifest themselves first in the latter and subsequently in man, thus warning us that to be indifferent to the condition of the inferior animals is to introduce and to create centres of disease among ourselves;

"*Resolved*, That a committee be appointed to ascertain what measures can be instituted to prevent the extension of such diseases to man, and what sanitary measures can be effected to arrest the progress of such diseases in animals.

"The President appointed as the committee Drs. A. W. Stein of New York, Geo.

Sutton of Indiana, and S. D. Gross of Pennsylvania."

The late Dr. John Dole, of Amherst, Mass.—Those who knew our friend Dr. Dole, will understand what a loss our profession has suffered in his recent sudden death. From the commencement of his medical studies in Boston, in 1861, till the close of his life, he never, by day or night, lost sight of the purpose then formed, to be above reproach as a physician, and to stand the unquestioned equal of the first.

At the close of four years of severe labor, at first as a student, and afterwads as house-pupil in the City Hospital (then just opened), he was obliged to seek absolute rest from all exertions; and to this end chose a journey to Europe. Returning after nine months of rest and study, he soon married and settled in Amherst, Mass., where from the beginning his career was marked and brilliant, especially in his favorite branches, surgery and midwifery. But overwork by day, and protracted study by night, told by degrees upon a naturally strong constitution. An obscure affection of the heart, the foundation of which may have been laid in an attack of rheumatic fever some eight years ago, had seemed entirely relieved by the first years of country life and air; but within the past twelvemonth it returned, accompanied by Bright's disease, of which he had some of the severer symptoms during the early part of this year. From this attack he had so far recovered as to be able to travel; and, encouraged by the statements of physicians in Amherst and Springfield, he set sail on the 6th of May, in the steamer New York, for Bremen. The passage was long and very stormy; eating and walking were out of his power; his extremities were constantly cold. On nearing the English coast the weather moderated, and he sat on deck a whole day, enjoying the familiar sights in company with his family. After tea he went into the smoking-room with a friend, who, presently noticing that the cigar had fallen from his lips, stooped to pick it up for him, but on observing his face, saw that he was no more.

Devoted attention to his patients, and untiring energy in the pursuit of clear ideas in medicine; a fervid indignation at wrong, and an enthusiastic recognition of whatever was noble and honorable; unchangeable attachment to friends, and unrelenting sternness towards the one capital sin of unfaithfulness; such were among the qualities we traced in our friend. To one idea he was most tenaciously attached; the idea of full and equal mental development, of growth in *all* knowledge, of becoming "a man, and not a mere doctor." If unsparing towards the meanness of character he had sometimes to encounter, he was equally unsparing of his life and his affection in working for the good of those to whom he owed his prime duty, that is, his patients and his household. It is not becoming to speak much of the deeper characteristics of his nature. Those who knew the depth of his reverence, his faithfulness, his sincerity, will not need to be told here.

L.

Bad Symptoms following Vaccination. *Messrs. Editors*,—In response to a request of a contributor in your issue of the 6th inst., that gentlemen will report cases where bad symptoms have followed vaccination or re-vaccination, I present the following.

On the 12th of February last, I vaccinated two ladies, passed the meridian of life, of feeble constitution and languid capillary circulation. With the same vaccine matter, or at least from the same package of ivory points received from your city, and which purported to be "humanized vaccine, one remove from the cow," I re-vaccinated myself and two persons in the family of one of the ladies referred to.

On the fifth night, subsequently, both ladies experienced a most severe and persistent chill, with much pain in the arm near the point of insertion. Both were ill in bed for a few days, with fever and total loss of appetite; swelling of the arm, with erythema, reaching nearly to the wrist, and ending in abscesses, which continued to discharge profusely five or six weeks. Vigorous supporting measures, wine, quinine, morphia, and the richest diet which the stomach would tolerate, were necessary to carry them through. Rev. Dr. Jones, of this State, and formerly of this city, is reported as having died during the last winter, from a similar attack following re-vaccination.

The question is natural and important: are these morbid effects the result of the noxious quality of the matter used, or are they incidental to the process?

Vaccinated, myself, by the celebrated Dr. Fancher, more than fifty years since, I have thereby been enabled to resist numerous exposures to smallpox, and also any satisfactory result from re-vaccination, until this last trial. It could scarcely have been more normal to the type, had it been

primary. The other cases, vaccinated from the same package of matter, did well.

Vaccination has been very extensively practised among us during the past winter, with matter from the same source and mostly "directly from the cow," and we have had many cases of obstinate ulceration, with attendant erythema; yet I feel constrained to refer them, for the most part, and particularly the cases of abscess alluded to, to debility, constitutional peculiarities, or abnormal conditions of the organism accidentally present.

It is an important question to be solved in the future by these ladies and others of like experience: are they any more secure against variola than previous to their late re-vaccination? Has the induced inflammation, as was formerly taught, neutralized and supplanted the specific power and influence of the vaccine?

I. G. Porter, M.D.

New London, Ct., May 11, 1872.

The Thirst-Cure in Pleurisy.—In the *All. Milit. Ztg.*, 1871, Dr. Pimser says that the result of the thirst-cure in pleurisy is very favorable; and in comparison with all methods of treatment hitherto employed it is very certain and rapid, and hence it is especially useful in hospitals and for persons who are peculiarly anxious to get well rapidly on account of their condition. The cure is commenced immediately after the cessation of the symptoms of pyrexia, that is the inflammatory stage, since by quickly carrying out the process of sucking up of the exudation, the deposit of fibrinous bands and the occurrence of false membranes is hindered, and a complete recovery of the compressed lung takes place. The cure is certainly a heroic one, but is not at all dangerous to the constitution, even in delicate and emaciated persons, and even not in the cases where pyrectic symptoms still exist when the cure is commenced, since these are alleviated by means of it. If no symptoms of reabsorption occur during the cure, we may in great probability diagnosticate that there is no pus present in the exudation, even though no symptoms betray this. In fact, this treatment is not dangerous for the organism, and the patient picks up after it very rapidly.—*The Doctor.*

Cerebro-spinal Meningitis.—Dr. N. S. Davis, in a paper read before the Chicago Medical Society, says, with regard to the treatment of this disease, that he has better success with the Calabar bean, either alone or in combination with ergot, than with any other remedy. For an adult he makes up the two following prescriptions, of which he gives one teaspoonful every two hours, alternating so that the medicine is given every hour:—℞. Tinct. Calabar bean, ʒiss.; fl. ext. ergot, ʒijss. M. ℞. Carbolic acid cryst., grs. vi.; glycerine, ʒss.; tinct. gelseminum, ʒss.; water, ʒiij. M. The medicine to be given without raising the patient's head from the pillow, to avoid the danger of vomiting. Cold cloths are to be kept to the head.—*Medical Examiner.*

A New Means of Combatting Muscular Contraction.—Every one is familiar with the resistance offered by muscular contraction in the reduction of dislocations or of fractures with displacements of the fragments. In order to avoid this difficulty resort is had to reduction as soon after the accident as possible to profit by the condition of stupor existent at that time. After this period etherization becomes necessary. M. Broca, however, has devised a means which is void of the inconveniences of anæsthesia; it is compression of the principal artery of the wounded limb. The muscles deprived of the blood necessary for the exercise of their functions by compression of the brachial or femoral arteries are unable to contract.—*Lyon Médicale.*

Laryngotomy.—Mr. John Wood, in the course of clinical lectures on this subject (*Lancet*, March 9, 1872), says that under a sense of impending suffocation patients usually throw the head backwards; and this movement stretches the skin of the neck and tends to close the vertical incision which is usually made in the skin over the crico-thyroid membrane, and thus to interfere with free inspiration through the wound. But this frequent movement tends, on the contrary, to open a transverse cut in the tissues. He therefore prefers, with a sharp, small-bladed knife, to make a single transverse incision across the lower part of the hollow depression felt by the finger, just above the cricoid ring, through the skin and membrane at once, right into the windpipe, and to extend it sufficiently laterally to introduce a tube. Such a wound will remain open without a tube; sometimes, indeed, the patient will breathe more easily without one. If a tube be used, it should be broader in the transverse than in the vertical diameter, and shorter in the length between the shield and the curve than the one adapted for tracheotomy. —*Phil. Med. Times.*

Medical Miscellany.

APPOINTMENTS AT THE BOSTON CITY HOSPITAL.—Dr. S. A. Green having declined the election as Superintendent of the Boston City Hospital, Dr. Edward Cowles, of this city, and recently of the U. S. Army, has been appointed to that position, and will enter on his duties July 1st.

Dr. Robert T. Edes has been elected a Visiting Physician vice Dr. A. D. Sinclair resigned.

Dr. George W. Gay has been appointed a Visiting Surgeon, vice Dr. D. McB. Thaxter resigned.

DR. BROWN-SEQUARD.—The recent announcement in our columns that Dr. Brown-Séquard would deliver a course of lectures before the Harvard Medical School the coming winter was premature. We learn that no arrangement has as yet been made for the course alluded to.

PROF. WM. WARREN GREENE, of the Bowdoin Medical College, Maine, has accepted the Chair of Principles and Practice of Surgery and Clinical Surgery in the Long Island College Hospital, Brooklyn, N. Y.

THE "PECULIAR PEOPLE," a sect of English religious fanatics, are giving great trouble to the medical and civil authorities of London. These people believe that as disease comes by Divine interposition, so also must the cure be by superhuman means; and they depend, therefore, on the laying on of their elders' hands for treatment, ignoring all medical aid and refusing to summon it. This sort of thing works ill for all concerned. The patients die in spite of the imposition of hands; and, what is of greater concern to the London public generally, smallpox is found to take advantage of the "peculiar" method of treatment and to spread rapidly. In consequence of this, it has been found necessary for the general safety to institute legal proceedings, and two of the sect have been indicted for manslaughter in cases where their children died of smallpox, no physician having been summoned.

OPIUM EATING.—The Legislature of Kentucky, in order to check the practice of opium eating, which is greatly on the increase, has just passed a bill that on the affidavit of two respectable citizens, any person who, through the excessive use of opium, arsenic, hasheesh, or any drug, has become incompetent to manage himself or his estate, may be confined in any asylum and placed under guardianship, as in the case of habitual drunkards or lunatics.—*Med. and Surg. Reporter.*

ACCIDENTAL POISONING.—The *Pharmaceutical Journal* has undertaken the task of collating cases of accidental poisoning, and has in its last issue produced the result in tabular form. The cases extend over a period of about three years and a half, and number altogether 48. Of this number more than one-half, or 24, occurred in the use of domestic nostrums or household chemicals, such as Godfrey's cordial, vermin-killer, soothing cordial, laudanum, and "Mrs. Winslow." Only three out of the 48 cases are reported from Ireland, and two from Scotland, the remaining 43 being English.—*Med. Press and Circular.*

ON THE GROWTH OF THE NAILS AS A MEANS OF PROGNOSIS IN CEREBRAL PARALYSIS.—Dr. S. W. Mitchel (*American Journal of the Medical Sciences*) states that he has observed in several cases of paralysis that the nails of the limbs of the affected side, on the occurrence of the accident, ceased to grow. This was proved by staining the roots of the nails with nitric acid. He was able to predict, in seeing after a time a white line of nail making its appearance, and before there were any other signs of improvement, that power was about to return to the limb, and that voluntary motion would shortly be restored.—*Medical Record.*

BOOKS RECEIVED.—The Correct Principles of Treatment for Angular Curvature of the Spine. By Benjamin Lee, A.M., M.D. Philadelphia: J. B. Lippincott & Co. (From the Publishers.)—Doctor in Medicine, and other Papers on Professional Subjects. By Stephen Smith, M.D. New York: Wm. Wood & Co. (From the Author.)

PAMPHLETS RECEIVED.—Report of the General Committee of the Second Cincinnati Industrial Exposition, held in Cincinnati from Sept. 6th to Oct. 7th, 1871. Pp. 285.—Rules and Regulations and Premium List for the Third Exposition of the Cincinnati Industrial Exposition of Manufactures, Products and the Arts, 1872. Pp. 56.

MARRIED,—In Waverly, Mass., June 3d, Dr. H. F. Hanks, of New York City, to Miss Julia Dana Godfrey, of Boston.

Deaths in thirteen Cities and Towns of Massachusetts, for the week ending June 15, 1872.

Cities and Towns.	*No. of Deaths.*		
Boston	150	Newburyport	3
Charlestown	11	Haverhill	1
Worcester	26	Holyoke	11
Lowell	15		263
Cambridge	15	*Prevalent Diseases.*	
Salem	7	Consumption	44
Lawrence	9	Pneumonia	18
Springfield	2	Scarlet fever	14
Lynn	9	Measles	11
Fitchburg	4		

There were nine deaths from smallpox in Boston and one in Holyoke. Of the deaths from measles, eight were in Holyoke.

GEORGE DERBY, M.D.,
Secretary of State Board of Health.

DEATHS IN BOSTON for the week ending Saturday, June 15th, 150. Males, 81; females, 69. Accident, 6—abscess, 1—apoplexy, 1—anæmia, 1—inflammation of the bowels, 2—bronchitis, 4—inflammation of the brain, 1—congestion of the brain, 6—disease of the brain, 10—cancrum oris, 1—cerebro-spinal meningitis, 2—cancer, 4—cholera infantum, 3—consumption, 21—convulsions, 5—debility, 2—diarrhœa, 3—dropsy, 1—dropsy of brain, 1—drowned, 4—diphtheria, 1—erysipelas, 3—scarlet fever, 8—typhoid fever, 2—gangrene, 1—disease of the heart, 6—homicide, 1—hæmorrhage, 1—disease of hip, 1—intemperance, 3—disease of the kidneys, 4—congestion of the lungs, 3—inflammation of the lungs, 5—marasmus, 3—measles, 3—ovarian disease, 1—old age, 1—peritonitis, 1—puerperal disease, 2—pyæmia, 1—suicide, 1—scrofula, 1—smallpox, 9—disease of the spine, 2—tumor, 2—whooping cough, 3—unknown, 2.

Under 5 years of age, 63—between 5 and 20 years, 19—between 20 and 40 years, 26—between 40 and 60 years, 24—above 60 years, 18. Born in the United States, 105—Ireland, 26—other places, 19.